

1999 CALIFORNIA WOMEN'S HEALTH SURVEY

10 March, 1999

Technical questions about the survey should be directed to:

Bonnie Davis, Ph.D.
CATI Unit
Cancer Surveillance Section
1700 Tribute Road, Suite 100
Sacramento, CA 95815-4402
(916) 779-0331

Other questions regarding the California Women's Health Survey should be directed to:

Office of Women's Health
(916) 653-3330



INTROQ

HELLO, I'm (interviewer name) calling on behalf of the California Department of Health Services and the Office of Women's Health.

Is this (phone number) ?

1. Yes---> (Continue)
2. No ---> Thank you very much, but I seem to have dialed the wrong number. (Stop)

PRIVRES

Is this a private residence?

1. Yes ---> **We're doing a study of the health practices of California adults. Your number has been randomly chosen to be included in the study, and we'd like to ask some questions about things people do which may affect their health.**
2. No ---> **Thank you very much, but we are only interviewing private residences. (Stop)**

NUMADULT

Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

____ Enter the number of adults

NUMWOMEN

(If NUMADULT GT 1)

How many are women?

____ Enter the number of women (0-9)

MENONLY

(If NUMWOMEN EQ 0)

Thank you for your cooperation, but we are only interviewing women age 18 and older at this time.

NUMMEN

(If NUMADULT GT 1)

How many are men?

____ Enter the number of men (0-9)

(Verify: NUMMEN+NUMWOMEN=NUMADULT)

SELECTED

(If NUMWOMEN GT 1)

The person in your household I need to speak with is the _____.

Are you the (SELECTED) ?

1. Yes---> Continue.
2. No ---> **May I speak with the _____?**

ONEADULT
(If NUMWOMEN = 1)
Are you the adult?

1. Yes---> **Then you are the person I need to speak with. All the information obtained in this study will be confidential.**
2. No ---> **May I speak with her?** (When selected adult answers:)

Hello, I'm (interviewer name) calling on behalf of the California Department of Health Services and the Office of Women's Health.

Introduction:

We're doing a special survey of California women and are asking about their health practices and day-to-day living habits. Your telephone number was randomly selected from all California phone numbers. You have been randomly chosen to be included in the study from among the adult women of your household.

Before I ask you any questions, I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. You will not be identified in any way in any reports. Your answers will be combined with the answers of the 4000 other women who take part in the survey.

You may stop the interview at any time. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

In this survey, we are asking questions about health care coverage, experience with breast cancer screening tests, alcohol and tobacco use, vitamin use, mental health and family violence. Depending on your age, you may also be asked about family planning, childbirth and breastfeeding experience, and experience with the Women, Infants and Children's program.

We appreciate your cooperation with this survey. The only cost to you is the time needed to answer the questions. The survey takes about 25 minutes. Although you may not gain personally from taking part in this survey, the information you give will be used to improve state programs and to identify areas of need to improve the health of California women.

First I'd like to ask some questions about your health.

GENHLTH (Core)

HEALTH.

1. Would you say that in general your health is: Excellent, Very good, Good, Fair, or Poor?

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor
- 7. Don't know/Not sure
- 9. Refused

PHYSHLTH (Core)

Type VII.

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

___ Enter Number of days

- 88. None
- 77. Don't know/Not sure
- 99. Refused

MENTHLTH (Core)

Type VII.

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

___ Enter Number of days

- 88. None
- 77. Don't know/Not sure
- 99. Refused

POORHLTH (Core) (Ask if PHYSHLTH ≥ 1 or MENTHLTH ≥ 1)

TYPE VII.

4. During the past 30 days for about how many days did poor physical or mental health keep you from doing your usual activities such as self care, work or recreation?

___ Enter Number of days

- 88. None
- 77. Don't know/Not sure
- 99. Refused

HEALTH ACCESS These next questions are about women's access to medical care. Please be assured that I am not trying to sell you insurance coverage.

HAVEPLN3 (Core)

YESNO.

5. Do you have ANY kind of health care coverage? (This would include health insurance, prepaid plans such as HMOs--health maintenance organizations--or government plans such as Medicare or Medi-Cal.)

1. Yes
2. No
7. Don't know/Not sure
9. Refused

HLTHPLAN (Core)

YESNO.

(If HAVEPLN3 = 2, 7, or 9 ask:)

There are some types of coverage you may not have considered. Please tell me if you have coverage through any of the following:

(If HAVPLN3 = 1, ask:)

Do you receive health care coverage through:		Yes	No	Dk/Ns	Ref	
6.	Your employer	1	2	7	9	EMPPLAN
7.	Someone else's employer (including spouse)	1	2	7	9	OEMPLAN
8.	A plan that you or someone else buys on your own	1	2	7	9	OWNPLAN
9.	Medicare	1	2	7	9	MEDICARE
10.	Medi-Cal (Medicaid)	1	2	7	9	MEDICAL
11.	The military, CHAMPUS, or the VA [or CHAMP-VA]	1	2	7	9	MILPLAN
12.	Indian Health Service, or,	1	2	7	9	INDIANHS
13.	Some other source	1	2	7	9	OTHRSRCE

If no "Yes" responses to Q6-13, go to PASTPLAN;
If more than one "Yes" to Q6-13, go to MAINPLAN, else go to GAPPLN

MAINPLAN (Core)

MAINPLN.

14. What type of health care coverage do you use to pay for MOST of your medical care?

Is it coverage through: (Read only if necessary)

1. Your employer
2. Someone else's employer (including your spouse)
3. A plan that you or someone else buys on your own
4. Medicare
5. Medi-Cal (Medicaid)
6. The military, CHAMPUS, the VA (or CHAMP-VA)
7. Indian Health Service
8. Some other source

88. None

77. Don't know/Not sure

99. Refused

GAPPLN (Core)

YESNO.

15. In the past 12 months, was there any time that you did NOT have ANY health insurance or coverage?

1. Yes

2. No

(Go to HMOPPO2)

7. Don't know

(Go to HMOPPO2)

9. Refused

(Go to HMOPPO2)

GAPPLNT (Core)

TYPE II.

16. In how many of the past 12 months were you without any coverage?

____ (number)

77. Don't Know/Not Sure

99. Refused

HMOPPO2 (Core)

YESNO.

17. Do you receive your health care through an HMO (Health Maintenance Organization)?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

HLTHLIST (Core)

HLTHLIB.

18. Not including any supplemental and medigap health insurance, what is the name of the health plan you use to pay for most of your medical care?

- | | |
|--|--|
| 1. Aetna Health Plans | 2. Alameda Alliance For Health |
| 3. Anthem Health Companies | 4. Blue Cross |
| 5. Blue Shield | 6. BPS (Vivahealth) |
| 7. Care First Health Plan | 8. CareAmerica |
| 9. CCN | 10. Chinese Community Health Plan |
| 11. Cigna Health Care | 12. CNA |
| 13. Community Health Group | 14. Community Health Plan |
| 15. Contra Costa Health Plan | 16. Foundation Health Systems |
| 17. Great American Health Plan | 18. Greater Pacific Healthplan |
| 19. Guardian | 20. Health Net |
| 21. Health Plan Of San Joaquin | 22. Health Plan of San Mateo |
| 23. Health Plan Of Redwoods | 24. HMO California (Employers Hlth) |
| 25. Employers Health (Hmo California) | 26. Inland Empire Health Plan |
| 27. Inter Valley Health Plan | 28. Kaiser Foundation Hlth Plan |
| 29. Kern Health Systems | 30. Key Health Plan |
| 31. L.A. Care Health Plan | 32. Lifeguard Health Plan |
| 33. Maxicare | 34. Molina Medical Center |
| 35. National Health Plan | 36. Omni Healthcare Inc |
| 37. One Health Plan Of CA, Inc | 38. Pacific Mutual Life Ins Co |
| 39. Pacificare Of California | 40. Principal Financial Group |
| 41. Prudential Hlthcare Of Ca, Inc | 42. San Francisco Health Plan |
| 43. Santa Barbara Health Initiative | 44. Santa Clara Cnty Hlth Authority |
| 45. Santa Cruz County Health Options | 46. Scan Health Plan |
| 47. Sharp Health Plan | 48. Solano Partnership Healthplan |
| 49. Tower Health | 50. Ullico Inc |
| 51. United Health Care (Metra Health) | 52. Metra Hlth (United Hlth Care) |
| 53. United Health Plan | 54. United Ins Company of America |
| 55. Universal Care, Inc | 56. Valley Health Plan |
| 57. Ventura County Health Care Plan | 58. Western Health Advantage |
| 59. Blue Cross CaliforniaCare | 60. Blue Shield Access+/HMO |
| 61. Prucare of California | 62. Blue Cross Senior CA Care |
| 63. Foundation Senior Value | 64. Health Net Seniority Plus |
| 65. Pacificare Secure Horizons | 66. Shield 65 |
| 67. Affordable/Health Care Compare | 68. Anthem Health |
| 69. Beech Street | 70. Blue Cross Prudent Buyer |
| 71. Blue Cross Standard (Standard Ins) | |
| 72. Beckwith, Hightower, & Renberg | |
| 73. Foundation | 74. Healthcare Foundation of Superior CA |
| 75. Health Net Elect | 76. Health Net Select |
| 77. Interplan | 78. Ouch |
| 79. Pacificare | 80. Pacific Health Alliance |
| 81. PPO Alliance | 82. Pru Net (Prudential) |
| 83. Qual Care | 84. Universal Health Network |
| 85. Other (Specify) | 86. Medicare |
| 87. Medi-Cal | 88. Self Pay |
| 89. Tricare Prime (Champus) | 90. Champus\VA\Tricare |
| 91. UC Care | 92. Met Life |
| 93. Union Self- Insured | 94. Employer Self-Insured |
| 95. Farm Bureau | 96. Farmers Insurance |
| 97. Great Western | 98. New York Life |
| 99. Northwest Nat Life | 100. Pers Care |
| 101. Gov. Hosp. Asso. | 102. Travelers |
| 103. Golden Outlook | 104. Joint Benefit Trust |
| 105. Sierra Comm. Care | 106. State Farm Ins. |

- | | |
|-----------------------------------|---------------------------------|
| 107. Gallagher Basset Service PPO | 108. Provident Insurance |
| 109. Delta Health Care | 110. Am. Western Life |
| 111. Mass. Mutual | 112. Sutter Preferred |
| 113. John Alden Life | 114. John Hancock |
| 115. Operating Engineers | 116. Pacificare Secure Horizons |
| 117. Cal Farm | 118. Motion Picture |
| 119. Cal Optima | 120. AARP |
| 121. First Health | 122. Harder & Company |
| 123. Unicare | |
| 777. Don't know/Not sure | (Go to CHECKUP2) |
| 888. None | (Go to CHECKUP2) |
| 999. Refused | (Go to CHECKUP2) |

TIMEPLAN (Core)

HOWLNGD.

19. About how long have you had this particular health coverage?

Read Only if Necessary

- | | |
|---|------------------|
| 1. Within the past 6 months (more than 0 to 6 months) | (Go to CHECKUP2) |
| 2. Within the past year (more than 6 months to 1 year) | (Go to CHECKUP2) |
| 3. Within the past 2 years (more than 1 year to 2 years) | (Go to CHECKUP2) |
| 4. Within the past 5 years (more than 2 years to 5 years) | (Go to CHECKUP2) |
| 5. More than 5 years ago | (Go to CHECKUP2) |
| 7. Don't know/Not sure | (Go to CHECKUP2) |
| 9. Refused | (Go to CHECKUP2) |

PASTPLAN (Core)

HOWLONGC.

20. About how long has it been since you had health care coverage?

Read Only if Necessary

- | |
|---|
| 1. Within the past 6 months (more than 0 to 6 months) |
| 2. Within the past year (more than 6 months to 1 year) |
| 3. Within the past 2 years (more than 1 year to 2 years) |
| 4. Within the past 5 years (more than 2 years to 5 years) |
| 5. More than 5 years ago |
| 7. Don't know/Not sure |
| 8. Never |
| 9. Refused |

CHECKUP2 (Core) Ask all women

HOWLONG.

21. Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick. About how long has it been since you last visited a doctor for a routine medical checkup?

(Read only if necessary)

1. Within the past year (0 years to 1 year)
2. Within the past 2 years (more than 1 year to 2 years)
3. Within the past 5 years (more than 2 years to 5 years)
4. More than 5 years ago
7. Don't know/Not sure
8. Never
9. Refused

For this next statement, please tell me if you strongly agree, agree, disagree, or strongly disagree.

SEHEALTH (CORE) NEW

AGREEC.

22. My health depends on things I do. Do you. . .

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree
7. Don't know/Not sure
9. Refused

DISABILITY

The following questions concern the possible limitations in a number of actions as a result of your health.

DISVIGOR (CMRI)

YESNO.

23. During the last four weeks has your health limited the kind or amount of vigorous activity you can do, like lifting heavy objects, running or participating in strenuous sports?

1. Yes
2. No (Go to DISBEND)
7. Don't know/Not sure
9. Refused

DISMODER (CMRI)

YESNO.

24. During the last four weeks has your health limited the kind or amount of moderate activity you can do, like moving a table, carrying groceries or bowling?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

DISSTAIR (CMRI)

YESNO.

25. During the last four weeks has your health limited you from walking up a hill or climbing a few flights of stairs?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

DISBEND (CMRI)

YESNO.

26. During the last four weeks has your health limited you from bending, lifting, or stooping?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

DISWALK (CMRI)

YESNO.

27. During the last four weeks has your health limited you from walking one block?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

DISUSUAL (CMRI)

YESNO.

28. During the last four weeks has your health limited you from eating, dressing, bathing, or using the toilet?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

If DISVIGOR NE 1 and DISMODER NE 1 and DISSTAIR NE 1 and DISBEND NE 1 and DISWALK NE 1 and DISUSUAL NE1 Go to PAIN;
Else continue

MAJRPROB (CMRI) (Asked if any YES to 24 through 28)

MAJRPROB.

29. What is the MOST important reason for the limitation you have just indicated?

- | | |
|---|-----------------------------------|
| 1. A back or neck problem | 2. A broken bone or joint injury |
| 3. Problems walking | 4. Hearing problem |
| 5. A lung problem or problems breathing | |
| 6. Arthritis or rheumatism | 7. Heart trouble |
| 8. Stroke | 9. Cancer, other than skin cancer |
| 10. Depression | 11. Flu |
| 12. Aging \Getting old | 13. Poor health \Didn't feel good |
| 14. Too tired \Exhausted \Fatigued | 15. Just had surgery |
| 16. Pregnancy related issues | 17. Accident/injury |
| 18. Overweight/weight related issues | 19. Other (specify) |
| 77. Don't know/Not sure | 99. Refused |

PAIN (CMRI) Ask all women

YESNO.

30. During the last 12 months, has pain often kept you from doing things you wanted to do?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

BLKACT (CMRI)

TYPE III.

31. How many city blocks or their equivalent do you regularly walk each day? (Mile = 12 city blocks)

- ____ Enter Number / Day
888. None
 777. Don't know/Not sure
 999. Refused

OSTEO (CMRI) NEW

YESNO.

32. In the past 2 years, have you had a bone density test for osteoporosis (os-tee-o-por-o-sis) or bone loss?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

CVDPROB (CMRI) NEW

CVDPROB.

33. What do you think is the one greatest health problem facing women today?
(DO NOT READ LIST. RECORD ONLY ONE RESPONSE)

- | | |
|-------------------------------------|----------------------|
| 1. AIDS | 2. Cancer (general) |
| 3. Heart disease/heart attack | 4. Smoking |
| 5. Drug addiction/alcoholism | 6. Breast cancer |
| 7. Stroke | 8. Diabetes |
| 9. Osteoporosis | 10. Alzheimer's |
| 11. Menopause | 12. Weight |
| 13. Stress | 14. Health insurance |
| 15. Diet and exercise | 16. Aging |
| 17. Arthritis | 18. Depression |
| 19. Ovarian/uterine/cervical cancer | |
| 20. Other (SPECIFY) | |
| 77. Don't know / Not sure | 99. Refused |

CVDMORT (CMRI) NEW

CVDMORT.

34. As far as you know, what is the leading cause of death for all women today?
(DO NOT READ LIST. RECORD ONLY ONE RESPONSE)

- | | |
|------------------------------|-------------------------------------|
| 1. Cancer (general) | 2. Heart disease/heart attack |
| 3. AIDS | 4. Breast cancer |
| 5. Lung cancer | 6. Smoking |
| 7. Drug addiction/alcoholism | 8. Violent crime |
| 9. Stroke | 10. Diabetes |
| 11. Accidental death | 12. Osteoporosis |
| 13. Old age | 14. Ovarian/uterine/cervical cancer |
| 15. Domestic violence | 16. Other (specify) |
| 77. Don't know / Not sure | 99. Refused |

SMOKING

Now I would like to ask you a few questions about cigarette smoking

SMOKE100 (Core) Ask all women

YESNO.

35. Have you smoked at least 100 cigarettes in your entire life?
5 packs = 100 cigarettes

- | | |
|------------------------|-----------------|
| 1. Yes | |
| 2. No | (Go to WICHEAR) |
| 7. Don't know/Not sure | (Go to WICHEAR) |
| 9. Refused | (Go to WICHEAR) |

SMKEVDA2 (Core)

EVDAY.

36. Do you now smoke cigarettes everyday, some days, or not at all?

- | |
|------------------------|
| 1. Everyday |
| 2. Some days |
| 3. Not at all |
| 7. Don't know/not sure |
| 9. Refused |

WIC OUTREACH

WICHEAR (WIC) Ask all women

YESNO.

37. Have you heard of WIC, the Women, Infants and Children Supplemental Nutrition Program?

- | | |
|------------------------|-----------------|
| 1. Yes | |
| 2. No | (Go to BFWHER2) |
| 7. Don't know/Not sure | (Go to BFWHER2) |
| 9. Refused | (Go to BFWHER2) |

WHATHEA2 (WIC) (New response categories)

YESNO.

38. What have you heard about the WIC program? (Mark all that apply) (Do not read responses)

- | | |
|--------------------------------------|---------|
| 1. it's for people on welfare | WHATH_A |
| 2. it's for people on Medi-Cal | WHATH_B |
| 3. it's for pregnant women | WHATH_C |
| 4. it's for teen parents | WHATH_J |
| 5. it's for women and their children | WHATH_D |
| 6. it's to get free food and formula | WHATH_E |
| 7. it's to get nutrition counseling | WHATH_F |
| 8. it's for lower income people | WHATH_K |
| 88.. Other (Specify) | WHATH_I |
| 77. Don't know/Not sure | |
| 99. Refused | |

WHEREHA2 (WIC) (New response categories)

YESNO.

39. Where did you hear about the WIC program? (Read only if necessary) (Mark all that apply)

- | | |
|---|----------|
| 1. Food store | WHEREH_A |
| 2. Private doctor's office | WHEREH_B |
| 3. Community or public health clinic | WHEREH_C |
| 4. Newspaper or magazine | WHEREH_D |
| 5. Social services agency (e.g., Food Stamp, Welfare, Medi-cal Offices) | WHEREH_E |
| 6. Television | WHEREH_F |
| 7. Radio | WHEREH_G |
| 8. Billboards | WHEREH_K |
| 9. Bus benches | WHEREH_L |
| 10. Friend or relative | WHEREH_H |
| 11. Hospital | WHEREH_M |
| 12. Other (Specify) | WHEREH_J |
| 77. Don't know/Not sure | |
| 99. Refused | |

WHERTXT

WHEREHR.

39.5 OTHER (SPECIFY)

WICWHEN (WIC) NEW

HOWLONGF.

40. When did you first hear about the WIC program? Was it in . . .

- | |
|-------------------------|
| 1. the last 6 months |
| 2. the last year |
| 3. more than a year ago |
| 7. Don't know/Not sure |
| 9. Refused |

WIC2YR (WIC)

YESNO.

41. Have you been enrolled in the WIC (Women's, Infant's and Children's) program within the last two years?

1. Yes
2. No (Go to BFWHER2)
7. Don't know/Not sure (Go to BFWHER2)
9. Refused (Go to BFWHER2)

WICCURRE (WIC)

YESNO.

42. Are you enrolled in WIC now?

1. Yes (Go to WICLIKE2)
2. No
7. Don't know/Not sure (Go to WICLIKE2)
9. Refused (Go to WICLIKE2)

WICNOTE2 (WIC) (New response categories)

WICNOTE.B.

43. What is the main reason you are no longer enrolled in WIC? Is it because you . . .

1. Are no longer eligible
2. Did not like WIC
3. Moved
4. Other
7. Don't know Not sure
9. Refused

WICLIKE2 (WIC) (New response categories)

WICLIKE.B.

44. What do you like MOST about the WIC Program?
(Read only if necessary)

1. Free food or formula
2. Nutrition education
3. Parenting classes
4. Breastfeeding support
5. Other (Specify)
6. Nothing, I did not like WIC
7. Don't know/Not sure
9. Refused

WICDSLK2 (WIC) (New response categories)

WICDISLKB.

45. What do you like LEAST about the WIC Program?

(Read only if necessary)

- | | |
|--|---------------------------|
| 1. Nothing, I really liked WIC | 2. Waiting at the clinic |
| 3. Waiting time to get an appointment | 4. Health classes |
| 5. Nutrition or dietary counseling | 6. Treatment by WIC staff |
| 7. Treatment by store staff when using WIC coupons | |
| 8. No one to watch child while going to WIC | |
| 9. Too much paperwork | 10. No transportation |
| 11. Other (Specify) | |
| 77. Don't know/Not sure | 99. Refused |

BFWHER2 (WIC) NEW (Asked of everyone)

YESNO.

46. Are you offended when you see a woman breastfeeding in public even if no breast is showing?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

Because a number of the following questions are age-dependent, before we continue, I need to ask:

AGE (Core)

TYPE I.

47. How old were you on your last birthday?

- ___ Enter age in years
7. Don't know/Not sure
 9. Refused

If AGE LT 50, go to PREGNANT;
 If AGE GE 50 and LT 55, go to PREG5YR;
 If AGE GE 55, go to LIVEBRTH

PREGNANCY

PREGNANT (Core) (Asked of those AGE 18-49)

YESNO.

48. To your knowledge, are you now pregnant?

1. Yes (Go to PREG5YR)
2. No
7. Don't know/Not sure
9. Refused

TRYPREG (OFP)

YESNO.

49. Are you currently trying to become pregnant?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

PREG5YR (GENETICS) Asked of those AGE 18-54

YESNO.

50. Have you been pregnant in the past five years?

If PREGNANT=1 ASK:]

Other than your current pregnancy, have you been pregnant in the past five years?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

LIVEBRTH (MCH) Ask all women

TYPE II.

51. How many children have you ever had, counting only live births?

___ Enter Number

88. None (Go to FOLICHER)

77. Don't know/Not sure (Go to AGEBRTH)

99. Refused (Go to AGEBRTH)

DATEBRTH (WIC)

52. On what date did you last give birth to a live baby?

___ Enter month

___ Enter year

- 77. Don't know/Not sure
- 99. Refused

If PREGNANT NE1 and PREG5YR NE 1 or if AGE GE55, go to BRTHWGHT;
Else, continue

PRENATA2 (MCH) NEW (If PREG5YR EQ Yes)

53. Thinking back to your last pregnancy, how many weeks or months pregnant were you when you first saw a doctor for your pregnancy?

(Do not include a visit for a pregnancy test or for WIC eligibility)

- ___ Enter Number
- ___ Enter Weeks, Months

- 77. Don't know/Not sure
- 99. Refused

BRTHWGHT (MCH) NEW Ask if PREG5YR =1

54. How much did your last baby weigh at birth?

- ___ Enter pounds BRTHW_A
- ___ Enter ounces BRTHW_B
- ___ Enter grams BRTHW_C

- 77. Don't know/Not sure
- 99. Refused

AGEBRTH (MCH)

TYPE I.

55. How old were you when your first baby was born?

- ___ Enter age in years
- 77. Don't know/Not sure
- 99. Refused

FOLIC ACID

The next few questions are to help us learn about public awareness of folic acid.

FOLICHER (MCH) (Asked of all women)

YESNO.

56. Have you ever heard or read anything about folic acid or folate?

- 1. Yes
- 2. No (Go to DIABDRN2)
- 7. Don't know/Not sure (Go to DIABDRN2)
- 9. Refused (Go to DIABDRN2)

FOLICLRN (MCH)

YESNO.

57. Where did you learn about folic acid?

(Mark all that apply) (Do not read)

- | | |
|---|----------|
| 1. Magazine or newspaper article | FOLICL_A |
| 2. Radio | FOLICL_B |
| 3. Television | FOLICL_C |
| 4. Physician \OB-GYN\GP\FP | FOLICL_D |
| 5. Books | FOLICL_E |
| 6. Brochures \Literature at health care provider's office | FOLICL_F |
| 7. Friend \Relative \Co-worker | FOLICL_G |
| 8. School \College | FOLICL_H |
| 9. Label \Back of vitamin bottle | FOLICL_I |
| 10. Nutrition Classes other than in school or college | FOLICL_J |
| 11. Nurse \Nurse practitioner | FOLICL_K |
| 12. Nursing School | FOLICL_L |
| 13. Media | FOLICL_M |
| 14. Other (specify) | FOLICL_N |
| 77. Don't know\Not sure | |
| 99. Refused | |

FOLICLTx

FOLICLRN.

57.5 OTHER (SPECIFY)

If PREGNANT EQ 1 or if LIVEBRTH NE 88 continue,
else, go to AFPBOOK

PRENATAL SCREENING TESTS

DIABDRN2 (MCH) (ask if age <=67)

YESNOPG.

58. During your last pregnancy, were you screened with a sweet drink for diabetes, also known as the glucola test?

[If PREGNANT EQ 1 ask:]

During this pregnancy, have you been screened with a sweet drink for diabetes also known as the glucola test?

1. Yes
2. No
3. Too early in pregnancy
7. Don't know/Not sure
9. Refused

If PREGNANT NE 1 and PREG5YR NE 1 go to WTPREPG;
else continue

AFP AWARENESS

The next few questions are about the AFP blood test. The AFP blood test is a test which helps your health care provider detect birth defects.

AFPBOOK (GENETICS)

YESNO.

59. While pregnant, did you get a booklet to read describing the AFP blood test?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

AFPTTEST (GENETICS)

YESNOTER.

60. While pregnant, did you have your blood drawn for the AFP blood test?

- 1. Yes (Go to WTPREPG)
- 2. No
- 3. No, Pregnancy terminated \miscarried (Go to WTPREPG)
- 4. No, too early in pregnancy (Go to WTPREPG)
- 7. Don't know/Not sure (Go to WTPREPG)
- 9. Refused (Go to WTPREPG)

There are many reasons why women don't have the AFP blood test. I am going to read a number of statements to you. Please tell me if the statement applies to you.

AFPNOT1 (GENETICS)

YESNO.

61. You didn't have the AFP blood test because you weren't told about it nor asked if you wanted it.

- 1. Yes (Go to WTPREPG)
- 2. No
- 7. Don't know/Not sure
- 9. Refused

AFPNOT2 (GENETICS)

YESNO.

62. You didn't have the test because you didn't understand the reason for the test.

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

AFPNOT3 (GENETICS)

YESNO.

63. You don't like having your blood drawn, so you decided not to have the test.

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

AFPNOT4 (GENETICS)

YESNO.

64. You had heard that AFP results were unreliable.

1. Yes
2. No
7. Don't know/Not sure
9. Refused

AFPNOT5 (GENETICS)

YESNO.

65. You had amniocentesis instead of the blood test.

1. Yes
2. No
7. Don't know/Not sure
9. Refused

AFPNOT6 (GENETICS)

YESNO.

66. You declined the test because you did not want to know if your baby had a birth defect.

1. Yes
2. No
7. Don't know/Not sure
9. Refused

AFPNOT7 (GENETICS)

YESNO.

67. You decided against the test because, if a birth defect was found, one of your options would have been to have an abortion.

1. Yes
2. No
7. Don't know/Not sure
9. Refused

AFPNOT8 (GENETICS)

YESNO.

68. The blood test was too expensive.

1. Yes
2. No
7. Don't know/Not sure
9. Refused

AFPNOT9 (GENETICS)

YESNO.

69. Other than those stated above, is there any other reason why you decided against having the test?

1. Yes (Specify)
2. No
7. Don't know/Not sure
9. Refused

AFPNOTXT

AFPNOTXT.

69.5 Other (Specify)

If AGE GE 60, go to VITAMCT3;

If LIVEBRTH EQ 88 and PREG5YR NE 1 and PREGNANT EQ 1, go to RUBELLA;
If LIVEBRTH EQ 88 and PREG5YR NE 1 and PREGNANT NE 1, go to RUBELLA; Else continue

PRENATAL CARE

WTPREPG (MCH)

TYPE IV.

70. About how many pounds did you weigh before your last pregnancy?

_____ Enter pounds in whole pounds

777. Don't know/Not sure

999. Refused

888. Last pregnancy terminated (Go to RUBELLA)

WTGAIN (MCH)

TYPE IV.

71. About how many pounds did you gain during your last pregnancy?

_____ Enter pounds gained in whole pounds

777. Don't know/Not sure

999. Refused

WTGAINRT (MCH)

GAIN.

72. Do you think the weight you gained during that pregnancy was too little, too much, or just right?

1. Too little

2. Too much

3. Just right

7. Don't know/Not sure

9. Refused

RUBELLA (IMMUNIZATION) NEW (Asked if AGE LT 50)

YESNO.

73. Have you ever been vaccinated for rubella, also known as German measles or 3-day measles? (The Rubella vaccine is usually given as a combined measles-mumps-rubella shot, so you may remember the shot being called MMR.)

1. Yes

2. No

7. Don't know/Not sure

9. Refused

My next few questions are about the use of vitamin and mineral supplements.

VITAMCT3 (MCH, FDB) NEW Ask all women

YESNO.

Are you CURRENTLY taking any of the following:?

	Yes	No	Dk/Ns	Ref	
74.	1	2	7	9	VITPREN
75.	1	2	7	9	VITAT_B
76.	1	2	7	9	VITAMA

VITATAK2 (MCH, FDB) NEW

YESNO.

(If any "YES" to VITAMCT3 ask:)

77. Are you currently taking any other vitamin or mineral supplements? (This can include herbal supplements)

(If no "YES" to VITAMCT3 ask:)

Are you currently taking any vitamin or mineral supplements? (This can include herbal supplements)

1. Yes
2. No
7. Don't know/Not sure
9. Refused

VITAWHY (MCH, FDB) NEW

YESNO.

Are you currently taking ANY supplement for any of the following reasons? (read list) (This can include herbal supplements)

	Yes	No	Dk/Ns	Ref	
78. Anxiety or depression	1	2	7	9	VITANX
79. Cardiovascular health	1	2	7	9	VITCVD
80. General health, physical fitness	1	2	7	9	VITGHLT
81. Immune function, colds, flu	1	2	7	9	VITIMMU
82. Mental alertness, memory	1	2	7	9	VITMNAL
83. Weight loss	1	2	7	9	VITWTLS
84. Other	1	2	7	9	VITOTR

If any "Yes" response to VITAMCT3 or VITATAK2, or VITAWHY, continue;
Else, go to HISPANIC

STOPSUPP (MCH, FDB) NEW

YESNO.

85. In the last year, have you stopped using a supplement because of a bad reaction or because you didn't like how it made you feel?

1. Yes
2. No (Go to HISPANIC)
7. Don't Know/Not sure (Go to HISPANIC)
9. Refused (Go to HISPANIC)

VITSEDOC (MCH, FDB) NEW

YESNO.

86. Did you see a doctor or other health professional because of this reaction?

1. Yes
2. No
7. Don't Know/Not sure
9. Refused

DEMOGRAPHICS

HISPANIC (Core)

YESNO.

87. Are you of HISPANIC ORIGIN such as Mexican American, Latin American, Puerto Rican or Cuban?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

ORACE2 (Core)

ORACEB.

88. What is your race? Would you say: White, Black, Asian, Pacific Islander, American Indian, Alaska Native, or Other?

1. White
2. Black
3. Asian
4. Pacific Islander
5. American Indian, Alaska Native
6. Other: (specify)

-----> ORACETXT (Recoded, not retained)

7. Don't know/Not sure
9. Refused

If ORACE2 NE 3 or 4, go to BIRTHPLC;
Else continue

ORACE2A (Core)

ORACE2A.

89. Are you Chinese, Japanese, Korean, Filipino, Vietnamese, Cambodian, Laotian, East Indian, Indonesian or Other?

- | | |
|---------------|-----------------|
| 1. Chinese | 2. Japanese |
| 3. Korean | 4. Filipino |
| 5. Vietnamese | 6. Cambodian |
| 7. Laotian | 8. East Indian |
| 9. Indonesian | 10. Hawaiian |
| 11. Samoan | 12. Pakistani |
| 13. Saipanese | 14. Fijian |
| 15. Burmese | 16. Tahitian |
| 17. Iranian | 18. Thai |
| 19. Guamanian | 20. Macronesian |
| 21. Afghan | |

77. Don't know/Not sure
99. Refused

BIRTHPLC (Core)

BIRTHPLC.

90. In what country were you born?

- | | | | |
|------------------------|-----------------|--------------------|--------------------|
| 1. United States | (Go to MARITAL) | | |
| 2. Mexico | 3. Japan | 4. China | 5. Taiwan |
| 6. Philippines | 7. Korea | 8. Vietnam | 9. India |
| 10. Indonesia | 11. Cambodia | 12. Laos | 13. Canada |
| 14. Guatemala | 15. England | 16. Ireland | 17. Europe |
| 18. Sweden | 19. Denmark | 20. Norway | 21. Holland |
| 22. Belgium | 23. France | 24. Italy | 25. Switzerland |
| 26. Russia | 27. Armenia | 28. Croatia | 29. Israel |
| 30. Lebanon | 31. Iran | 32. Iraq | 33. Pakistan |
| 34. Germany | 35. Ukraine | 36. South America | 37. Argentina |
| 38. Peru | 39. Brazil | 40. Venezuela | 41. Honduras |
| 42. Nicaragua | 43. El Salvador | 44. Ecuador | 45. Panama |
| 46. Cuba | 47. Bangladesh | 48. Fiji | 49. American Samoa |
| 50. Saipan | 51. Australia | 52. Africa | 53. Zimbabwe |
| 54. Greece | 55. Jordan | 56. Nigeria | 57. Panama |
| 58. Portugal | 59. Thailand | 60. Virgin Islands | 61. Burma |
| 62. Columbia | 63. Yugoslavia | 64. Austria | |
| 65. Dominican Republic | | 66. Poland | 67. West Indies |
| 68. Belize | 69. Egypt | 70. Ivory Coast | 71. Singapore |

- | | | | |
|---------------------|------------------|-----------------|-----------------|
| 72. Uruguay | 73. Guam | 74. Finland | 75. Hungary |
| 76. United Kingdom | 77. Spain | 78. Chile | 79. Malaysia |
| 80. Other | 81. Bosnia | 82. Romania | 83. Puerto Rico |
| 84. Albania | 85. Baharain | 86. Bolivia | 87. Morocco |
| 88. Tahiti | 89. South Africa | 90. Trinidad | 91. Slovakia |
| 92. Guyana | 93. Saudi Arabia | 94. Latvia | 95. Iceland |
| 96. Kenya | 97. Sudan | 98. New Zealand | 99. Paraguay |
| 100. Hong Kong | 101. Afghanistan | 102. Syria | 103. Costa Rica |
| 104. Czech Republic | 105. Sri Lanka | 106. Tunisia | 107. Cyprus |
| 108. Scotland | 109. Barbados | | |

777. Don't know/Not sure (Go to MARITAL)

999. Refused (Go to MARITAL)

USENTRY (Core)

TYPE I.

91. In what year did you first enter the U.S.?

___ Enter year

7777. Don't know/Not sure

9999. Refused

MARITAL (Core)

MARITAL.

92. Are you: married, divorced, widowed, separated, never been married, or a member of an unmarried couple?

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never been married
6. A member of an unmarried couple

9. Refused

CHILD18 (Core)

Type II.

93. How many children under age 18 live in this household?

___ Enter Number of children

00. None

99. Refused

CHILD1-CHILD9 (Core)

Type II.

- 94. (If CHILD18=1, ask:) How old is the child?**
(If CHILD18 GT 1, ask:) How old are the children?

INTERVIEWER NOTE: List the ages of all children in the household. If child is less than one year old then age = 1.0. ENTER WHOLE YEARS ONLY. ROUND FRACTIONS UP.

EXAMPLE: 3.0 {In this household there is one 3 year-old (.0 suffix), two 5 year-olds (.1=younger 5.15 year old, .2=older 5 year old) and one 13 year old (.0 suffix)}

5.2

13.0

Youths =

____ AGE OF CHILD/CHILDREN

77. Don't know

99. Refused

CHILDLT1

CHILDLT.

- 94.5 (If CHILD18 < 1 year old)** Interviewer: Select ages for children less than 1 year old. Use NA (F6) for other ages.

EDUCA (Core)

EDUCA.

- 95. What is the highest grade or year of school you completed?** (Read Only if Necessary)

1. Eighth grade or less
2. Some high school (grades 9-11)
3. Grade 12 or GED certificate (High school graduate)
4. Some technical school
5. Technical School Graduate
6. Some College
7. College graduate
8. Post graduate or professional degree
9. Refused

EMPLOY3 (Core)

EMPLOYB.

- 96. Are you currently: Employed full time, Employed part time, Self-employed, Out of work for more than 1 year, Out of work for less than 1 year, Homemaker, Student, Retired, or Unable to work?**

1. Employed full time (32 or more hours a week)
2. Employed part time (less than 32 hours a week)
3. Self-employed
4. Out of work for more than 1 year
5. Out of work for less than 1 year
6. Homemaker
7. Student
8. Retired
9. Unable to work

99. Refused

If NUMADULT EQ 1 and CHILD1-CHILD9 EQ 0, go to HEIGHT
 Else continue

HHSIZE (CA)*** Calculated variable do not ask *** (not formatted)

- 97. Household size. ((NUMADULT-NHHADULT)+CHILD18)**

INCOM95 (Core)

INCOMEB.

98. Which of the following categories best describes your annual household income from all sources? Less than \$10,000; \$10,000 to less than \$15,000; \$15,000 to less than \$20,000; \$20,000 to less than \$25,000; \$25,000 to less than \$35,000; \$35,000 to less than \$50,000; \$50,000 to \$75,000; or over \$75,000?

1. Less than \$10,000
2. \$10,000 to less than \$15,000
3. \$15,000 to less than \$20,000
4. \$20,000 to less than \$25,000
5. \$25,000 to less than \$35,000
6. \$35,000 to less than \$50,000
7. \$50,000 to \$75,000
8. Over \$75,000

77. Don't know/Not sure

99. Refused

Find the point on the table where HHSIZE and INCOM94 intersect.

If there is a table value and the table value is LT the "less than" value of the response to INCOM94, go to THRESH98.

THRESH95 (Core)

YESNO.

99. Is your annual household income above _____ (table look up for income and household size)? (This is an income threshold used for statistical purposes.)

1. Yes

2. No

7. Don't know/Not sure

9. Refused

INCOM94	=	1	2	3	4	5	6	7	8
HHSIZE=	1	8,050	14,900	16,100					
(Household	2		10,850		20,100/21,700				
Size)	3		13,650			25,300/27,300			
	4			16,450		30,400/32,900			
	5			19,250			35,600/38,500		
	6				22,050		40,800/44,100		
	7				24,850		46,000/49,700		
	8					27,650		51,200/55,300	
	9					30,450		56,300/60,900	
	10					33,250		61,500/66,500	
	11						36,050	66,700/72,100	
	12						38,850	71,900	77,700
	13						41,650		77,100/ 83,300

(100%, 185%, and 200% of Federal Poverty Line; From: Federal Register, Feb 24, 1998 rounded to nearest \$100.)

INCOM94B (Core)

INCOMEB.

100. Which of the following categories best describes your PERSONAL annual income from all sources, that is, the amount of money you, yourself, bring into the household? Less than \$10,000; \$10,000 to less than \$15,000; \$15,000 to less than \$20,000; \$20,000 to less than \$25,000; \$25,000 to less than \$35,000; \$35,000 to less than \$50,000; \$50,000 to \$75,000; or over \$75,000?

1. Less than \$10,000
2. \$10,000 to less than \$15,000
3. \$15,000 to less than \$20,000
4. \$20,000 to less than \$25,000
5. \$25,000 to less than \$35,000
6. \$35,000 to less than \$50,000
7. \$50,000 to \$75,000
8. Over \$75,000

9. \$0; Doesn't have any personal income

77. Don't know/Not sure
99. Refused

HEIGHT (Core)

TYPE IV.

101. About how tall are you without shoes?

Round fractions down

Enter height in feet and inches
(Ex. 5 feet 11 inches = 511)

___ Enter height (verify if Less Than 408 or Greater Than 608)

777. Don't know/Not sure
999. Refused

WEIGHT (Core)

TYPE IV.

102. About how much do you weigh without shoes?

Round fractions up

___ Enter weight in whole pounds (verify if Less Than 80 or Greater Than 350)

777. Don't know/Not sure
999. Refused

COUNTY1 (Core)

COUNTYA.

103. What county do you live in?

- | | | | |
|---------------|------------------|----------------|-------------------|
| 1. Alameda | 2. Alpine | 3. Amador | 4. Butte |
| 5. Calaveras | 6. Colusa | 7. ContraCosta | 8. DelNorte |
| 9. ElDorado | 10. Fresno | 11. Glenn | 12. Humboldt |
| 13. Imperial | 14. Inyo | 15. Kern | 16. Kings |
| 17. Lake | 18. Lassen | 19. LosAngeles | 20. Madera |
| 21. Marin | 22. Mariposa | 23. Mendocino | 24. Merced |
| 25. Modoc | 26. Mono | 27. Monterey | 28. Napa |
| 29. Nevada | 30. Orange | 31. Placer | 32. Plumas |
| 33. Riverside | 34. Sacramento | 35. SanBenito | 36. SanBernardino |
| 37. SanDiego | 38. SanFrancisco | 39. SanJoaquin | 40. SanLuisObispo |
| 41. SanMateo | 42. SantaBarbara | 43. SantaClara | 44. SantaCruz |
| 45. Shasta | 46. Sierra | 47. Siskiyou | 48. Solano |
| 49. Sonoma | 50. Stanislaus | 51. Sutter | 52. Tehama |
| 53. Trinity | 54. Tulare | 55. Tuolumne | 56. Ventura |
| 57. Yolo | 58. Yuba | | |

777. Don't Know/Not Sure

999. Refused

NUMPHON2 (Core)

(not formatted)

104. How many residential telephone numbers do you have? Exclude dedicated fax lines, computer lines, cellular and mobile phones.

(8 = 8 or more)

- | | |
|------------|----------|
| 1. One | 2. Two |
| 3. Three | 4. Four |
| 5. Five | 6. Six |
| 7. Seven | 8. Eight |
| 9. Refused | |

ZIPCODE (Core)

TYPE IX.

105. What is your zip code?

_____ Enter the five digit number

77777 Don't know/Not sure

99999 Refused

FOOD ADEQUACY

Now I'm going to read you a few statements that people have made about their food situation. For these statements, please tell me whether the statement was **OFTEN** true, **SOMETIMES** true, or **NEVER** true for you in the last 12 months. (That is, since **MONTH** of last year)

OUTOFFD (MCH) (All Women)

TRUEFALB.

106. The food that I bought just didn't last, and I didn't have money to get more. Was that OFTEN, SOMETIMES, or NEVER true for you in the last 12 months?

1. Often true
2. Sometimes true
3. Never true
7. Don't know/Not sure
9. Refused

AFRDMEAL (MCH)

TRUEFALB.

107. I couldn't afford to eat balanced meals. Was that OFTEN, SOMETIMES, or NEVER true for you in the last 12 months?

1. Often true
2. Sometimes true
3. Never true
7. Don't know/Not sure
9. Refused

CUTMEAL (MCH) NEW

YESNO.

108. In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

1. Yes
2. No (Go to EATLESSC)
7. Don't Know/Not sure (Go to EATLESSC)
9. Refused (Go to EATLESSC)

CUTOFTN (MCH) NEW

HOWLONGG.

109. How often did this happen? Was it almost every month, some months but not every month, or, only in one or two months in the last 12 months?

1. Almost every month
2. Some months, but not every month
3. Only in one or two months
7. Don't know/Not sure
9. Refused

EATLESSC (MCH)

YESNO.

110. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

EVRHNGRY (MCH)

YESNO.

111. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

FOOD SAFETY

I would now like to ask you some questions about the foods you eat.

EATBURGR (MCH) NEW

112. In the last 12 months, how often did you eat hamburgers that were still pink or red on the inside. This includes hamburgers eaten both at home and away from home?

- 1XXX Times per day
- 2XXX Times per week
- 3XXX Times per month
- 4XXX Times per year
- 8888. Never
- 7777. Don't know/Not sure
- 9999. Refused

EATEGG (MCH) NEW

113. In the last 12 months, how often did you eat eggs which were soft-boiled, soft poached, loosely scrambled, or lightly fried with a runny yolk (both at home and away from home)?

- 1XXX Times per day
- 2XXX Times per week
- 3XXX Times per month
- 4XXX Times per year
- 8888. Never
- 7777. Don't know/Not sure
- 9999. Refused

EATRAW2 (MCH) NEW

114. In the last 12 months, how often did you eat raw oysters (both at home and way from home)?

- 1XXX Times per day
- 2XXX Times per week
- 3XXX Times per month
- 4XXX Times per year
- 8888. Never
- 7777. Don't know/Not sure
- 9999. Refused

EATSPROT(MCH) NEW

115. In the last 12 months, how often did you eat alfalfa sprouts both at home and way from home (for example, in a deli sandwich or in a salad)?

- 1XXX Times per day
- 2XXX Times per week
- 3XXX Times per month
- 4XXX Times per year
- 8888. Never
- 7777. Don't know/Not sure
- 9999. Refused

FOODILL (MCH) NEW

Now, I'm going to read you a list of foods people commonly eat. For each of the following foods, please tell me if you have heard that the food causes food poisoning, or food borne illness in healthy people. I do not mean illness caused by spoiled food.

	Yes	No	DK\NS	REF	
116. Fresh, raw oysters?	1	2	7	9	FSOYSTER
117. Fresh cooked hamburger meat that is still pink to red on the inside?	1	2	7	9	FSHAMB
118. Fresh eggs that are cooked but still have a runny yolk?	1	2	7	9	FSEGGs
119. Fresh alfalfa sprouts (such as those served in salads and sandwiches)?	1	2	7	9	FSSPROUT

BREAST CANCER SCREENING

I would like to ask you a few questions about a medical exam called a mammogram. A mammogram is an x-ray of the breast to check for cancer and involves pressing the breast between 2 plastic plates.

HADMAM (BCEDP; CDC-C, modified lead-in) (Note: all women) YESNO.

120. Have you ever had a mammogram?

- 1. Yes
- 2. No (Go to F40GUIDE)
- 7. Don't know/Not sure (Go to F40GUIDE)
- 9. Refused (Go to F40GUIDE)

HOWLONG2 (BCEDP; CDC-C)

HOWLONGB.

121. How long has it been since you had your last mammogram?

(Read only if necessary)

- 1. Within the past year (more than 0 months to 12 months ago)
- 2. Within the past 2 years (more than 1 year to 2 years ago)
- 3. Within the past 3 years (more than 2 years to 3 years ago)
- 4. Within the past 5 years (more than 3 years to 5 years ago)
- 5. More than 5 years ago
- 7. Don't know/Not sure (Go to F40GUIDE)
- 9. Refused (Go to F40GUIDE)

WHYDON2 (BCEDP; CDC-C) NEW (Ask if HADMAM eq 1)

WHYDONEB.

122. What was the MAIN reason you had your last mammogram? Was it because:

- 1. Your doctor/nurse recommended it
- 2. You saw or heard media messages about a mammogram
- 3. You had a friend or relative who recommended it
- 4. You had a friend or relative who has cancer
- 5. You were experiencing breast problems, such as lumps
- 6. Routine checkup
- 7. Other reason
- 77. Don't know/Not sure
- 99. Refused

If HOWLONG2 >= 3 and HOWLONG2 <= 5, and AGE < 41 go to F40GUIDE; Else, continue

WHYNOTDN (BCEDP; CDC-C) NEW

WHYNOTDN.

123. What was the MAIN reason you did not have a mammogram during the past 2 years?

1. Not recommended by a doctor/nurse/ Doctor never said it was needed
2. Not needed/ not necessary
3. Never heard of a mammogram
4. Cost
5. No insurance to pay for it
6. Too painful
8. Other (specify)
77. Don't know/Not sure
99. Refused

F40GUIDE (BCEDP) (Ask all women)

BGUIDE.

124. In general, how often do YOU THINK a woman over 40 should have a mammogram test?

1. More frequently than once per year
2. Once per year
3. Less frequently than once per year, but at least once every two years
4. Less frequently than once every two years
5. Never
7. Don't Know/Not sure
9. Refused

BCHAD (CSS)(Ask all women)

YESNO.

125. Have you ever had breast cancer?

1. Yes
 2. No
 7. Don't Know/Not sure
 9. Refused
- (GO TO MAMMPAY)

BCRISK2 (BCEDP) NEW

RISKB.

126. What do you think is your risk of getting breast cancer? Would you say. . .

1. Much higher than other women your age
2. Somewhat higher (than other women your age)
3. About the same (as other women your age)
4. Lower than other women your age
7. Don't know/Not sure
9. Refused

MAMMPAY (BCEDP) (Ask all women)

PORTION.

127. If you wanted to have a mammogram, would you have to pay for all, part or none of the cost?

1. All
2. Part (includes co pay)
3. None (Go to HADCBE)
7. Don't know/Not sure (Go to HADCBE)
9. Refused (Go to HADCBE)

MAMMDFP (BCEDP)

DIFFIC.

128. How difficult would it be for you to pay for the cost of the mammogram test? Would you say very difficult, somewhat difficult, a little difficult or not at all difficult?

1. Very difficult
2. Somewhat difficult
3. A little difficult
4. Not at all difficult
7. Don't know/Not sure
9. Refused

A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps.

HADCBE (BECDP; CDC-C)

YESNO.

129. Have you ever had a clinical breast exam?

1. Yes
2. No (Go to CBEGUID2)
7. Don't know/Not sure (Go to CBEGUID2)
9. Refused (Go to CBEGUID2)

WHENCBE (BCEDP; CDC-C)

HOWLONGB.

130. How long has it been since your last breast exam? (Read only if necessary)

1. Within the past year (more than 0 months to 12 months ago)
2. Within the past 2 years (more than 1 year to 2 years ago)
3. Within the past 3 years (more than 2 years to 3 years ago)
4. Within the past 5 years (more than 3 years to 5 years ago)
5. More than 5 years ago
7. Don't know/Not sure
9. Refused

CBEGUID2 (BCEDP; CDC_C) NEW Ask all women

IMPORT.

131. How important do you think it is for a woman your age to have a clinical breast exam?

1. Very important
2. Somewhat important
3. Not very important
4. Not at all important
7. Don't Know/Not sure
9. Refused

If PREGNANT EQ 1 or TRYPREG =1, go to BCPREVNT; else, continue.

HYSTER2 (CORE)

YESNO.

132. Have you had a hysterectomy (that is, an operation to remove the uterus/womb)?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

BREAST CANCER DRUG PREVENTION

BCPREVNT (CSS) NEW Ask all women

YESNO.

133. Several medications are being studied to see if they can prevent breast cancer. Two of these medications are Tamoxifen, also known as *Nolvadex*, and *Raloxifene*, also known as *Evista*.**Have you heard of either Tamoxifen or Raloxifene?**

1. Yes
2. No (Go to BCPRVMED)
7. Don't Know/Not sure (Go to BCPRVMED)
9. Refused (Go to BCPRVMED)

CURRTAMX (CSS) NEW

YESNO.

134. Are you currently taking the medication Tamoxifen?

1. Yes (Go to BCPRVMED)
2. No
7. Don't Know/Not sure
9. Refused

CURRALOX (CSS) NEW

YESNO.

135. Are you currently taking the medication Raloxifene?

1. Yes
2. No
7. Don't Know/Not sure
9. Refused

BCPRVMED (CSS) NEW Ask all women

YESNO.

136. Have you ever discussed taking medication to prevent breast cancer with your doctor, nurse practitioner or other health care specialist?

- 1. Yes
- 2. No

- 7. Don't Know/Not sure
- 9. Refused

HORMONE REPLACEMENT THERAPY

Some women take estrogen for menopause or "the change of life".

EVEREST (CMRI) NEW Ask all women

YESNO.

137. Have you ever taken estrogen for menopause or "the change of life"? (Examples include Premarin, Estrace, Estraderm, and Estratab)

- 1. Yes
- 2. No (Go to CVDBELIF)

- 7. Don't Know/Not sure (Go to CVDBELIF)
- 9. Refused (Go to CVDBELIF)

ESTROHR3 (CMRI) NEW

YESNO.

138. Are you currently taking estrogen for menopause or "the change of life"?

- 1. Yes
- 2. No

- 7. Don't Know/Not sure
- 9. Refused

CVDBELIF (CMRI) NEW Ask all women

TRUEFALS.

139. Please tell me if you believe the next statement is true or false. Heart disease is the leading cause of death in women.

- 1. True
- 2. False

- 7. Don't know / Not sure
- 9. Refused

MENTAL HEALTH ISSUES

MHNTCTRL (Core) NEW (All Women)

OFTEN.

140. In the past 30 days, how often have you felt that you could not control the important things in your life? Would you say...

1. Very often
2. Often
3. Sometimes
4. Rarely
5. Never
7. Don't know/Not sure
9. Refused

MHOVRWLM (DMH, MCH,OWH) (All Women)

OFTEN.

141. In the past 30 days, how often have you felt problems were piling up so high that you could not overcome them? Would you say...

1. Very often
2. Often
3. Sometimes
4. Rarely
5. Never (Go to DAYSANX)
7. Don't know/Not sure (Go to DAYSANX)
9. Refused (Go to DAYSANX)

MHWTHHELP (DMH, MCH,OWH) NEW

YESNO.

142. What kinds of services or assistance would have made a difference? (Do not read list. Select all that apply)

- | | |
|---|---------|
| 1. Child care/Family care | MHWTH_A |
| 2. Better job/More steady job/ Job training | MHWTH_B |
| 3. Medical or dental care | MHWTH_C |
| 4. Adequate food | MHWTH_D |
| 5. Counseling | MHWTH_E |
| 6. Transportation | MHWTH_F |
| 7. Housing | MHWTH_G |
| 8. More money | MHWTH_H |
| 9. More conveniently located counseling | MHWTH_I |
| 10. Other (specify) | MHWTH_J |
| 11. Nothing would have helped | MHWTH_K |
| 77. Don't know/Not sure | |
| 99. Refused | |

MHHELPTX

142.5 OTHER (SPECIFY)

DAYSANX (DMH, MCH,OWH) Ask all women

TYPE II.

143. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

___ Enter Number of days

- 88. None
- 77. Don't know/Not sure
- 99. Refused

DAYSSAD (DMH, MCH,OWH) Ask all women

TYPE II.

144. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

___ Enter Number of days

- 88. None
- 77. Don't know/Not sure
- 99. Refused

SUPSLEEP (DMH, MCH,OWH) NEW (Ask all women)

YESNO.

145. In the past 12 months, have you taken anything to help calm your nerves, relieve your stress, or help you sleep?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

MHHELP2 (DMH, MCH,OWH) (ask of everyone)

YESNO.

146. Now thinking about the last 12 months, did you ever want help with personal or family problems from a mental health professional or religious or spiritual leader?

- 1. Yes
- 2. No (Go to DRNKANY1)
- 7. Don't know/Not sure (Go to DRNKANY1)
- 9. Refused (Go to DRNKANY1)

MHHLAWN2 (DMH, MCH,OWH)

YESNO.

147. Did you get help?

- 1. Yes (Go to MHWHELP3)
- 2. No
- 7. Don't know
- 9. Refused

MHTRYHLP (DMH, MCH,OWH) NEW

YES/NO.

148. Did you try to get help from a mental health professional or religious or spiritual leader?

1. Yes
2. No
7. Don't know
9. Refused

MHNOTGE2 (DMH, MCH, OWH) MHNO2_A--MHNO2_G

MHWHYNOB.

149. Why didn't you get help?

(Mark all that apply) (Probe: Any other reason?) (Read only if necessary)

- | | |
|---|------------------|
| 1. I couldn't afford it | (Go to DRNKANY1) |
| 2. I didn't know where to go | (Go to DRNKANY1) |
| 3. I was concerned about what others would think | (Go to DRNKANY1) |
| 4. Appointment times were inconvenient | (Go to DRNKANY1) |
| 5. I didn't want a medical record of my condition | (Go to DRNKANY1) |
| 6. Other (specify) | (Go to DRNKANY1) |
| 7. Didn't like person I saw \ person didn't help | (Go to DRNKANY1) |
| 77. Don't know/Not sure | (Go to DRNKANY1) |
| 99. Refused | (Go to DRNKANY1) |

MHNOTTX2

MHNOTTX2.

149.5 Other (SPECIFY)

(Go to DRNKANY1)

MHWHELP3 (DMH, MCH,OWH)

YES/NO.

150. Who did you get help from? (Select all that apply) Probe for any others?

- | | |
|---|--------------------------|
| 1. Psychiatrist | MHWHE_A |
| 2. Psychologist | MHWHE_B |
| 3. Medical Doctor | MHWHE_C |
| 4. Counselor (specify) | MHWHE_D |
| 5. Social worker | MHWHE_E |
| 6. Minister, priest, rabbi | MHWHE_F (Go to DRNKANY1) |
| 7. Self-help support group for emotional stress or mental illness | MHWHE_G (Go to DRNKANY1) |
| 8. Healer, medicine man, or medicine woman, or curandera | MHWHE_H (Go to DRNKANY1) |
| 9. Case Worker | MHWHE_I |
| 10. Other (specify) | MHWHE_J |
| 77. Don't know/Not sure | (Go to DRNKANY1) |
| 99. Refused | (Go to DRNKANY1) |

MHWHETXT

MHWHETXT.

150.5 Other (SPECIFY)

MHDX2 (DMH, MCH,OWH)

MHDXB.

151. What did the (response from MHHELPM) call your condition?

- | | |
|--|--|
| 1. Eating disorder | 2. Major (Clinical) depression |
| 3. Situational (Temporary) Depression | 4. Manic Depression or Bi-Polar Disorder |
| 5. Anxiety | 6. Panic disorder |
| 7. Post traumatic stress disorder (PTSD) | 8. Schizophrenia |
| 9. Attention deficit disorder (ADD) | 10. Mental Breakdown |
| 11. Neurosis | 12. Alzheimer's Disease |
| 13. Senile dementia | 14. Effects of heart disease or stroke |
| 15. Alcohol abuse | 16. Drug abuse |
| 17. Stress | 18. Obsessive Compulsive Disorder (OCD) |
| 19. Dissociative Identity Disorder (DID) | 20. Multiple Personality Disorder (MPD) |
| 21. Mourning/bereavement | 22. Adjustment Disorder |
| 23. Marital problems | 24. Dementia |
| 25. Emotional reaction to physical illness | 26. Other (specify) |
| 27. Didn't tell me what it was | |
| 77. Don't know/ Not sure | 99. Refused |

MHPAYDOC (DMH, MCH,OWH)

MHPAYDOB.

152. Who paid for the treatment?

- | | |
|---------------------------------|--|
| 1. Self | 2. Private Insurance (Go to MHMED2) |
| 3. Medicare (Go to MHMED2) | 4. Medi-Cal (Go to MHMED2) |
| 5. Husband/Partner | 6. Boyfriend/Girlfriend |
| 7. Parent | 8. Other family member |
| 9. Other friend | 10. County mental health program |
| 11. Community clinic | 12. Self & Insurance (Go to MHMED2) |
| 13. Employer | 14. Medicare & Medi-Cal (Go to MHMED2) |
| 15. Military (Go to MHMED2) | 16. Worker's Comp (Go to MHMED2) |
| 17. Employee Assistance Program | 18. No one/free |
| 19. Other (Specify) | |
| 77. Don't know/Not sure | 99. Refused |

WHYNOINS (DMH, MCH,OWH) (Asked if had health insurance)

YESNO.

153. Why didn't you use your health insurance? Select all that apply

- | | |
|--|---------|
| 1. Insurance didn't cover mental health care | WHYNU_A |
| 2. Insurance for mental health care had been exhausted | WHYNU_B |
| 3. Insurance refused to pay for mental health care | WHYNU_C |
| 4. Did not want any record of seeking mental health care | WHYNU_D |
| 5. Did not like the providers offered by health plan | WHYNU_E |
| 6. Did not want medical insurance overseeing their care | WHYNU_F |
| 7. I did use insurance | WHYNU_G |
| 8. Other (specify) | WHYNU_H |
| 77. Don't know/not sure | |
| 99. Refused | |

MHNOINTX

MHNOINTX.

153.5 Other (SPECIFY)

MHMED2 (DMH, MCH,OWH)

YESNO.

154. Were you prescribed medicine for this problem?

1. Yes
2. No (Go to DRNKANY1)
7. Don't know/Not sure (Go to DRNKANY1)
9. Refused (Go to DRNKANY1)

TAKEMED (DMH, MCH,OWH)

YESNO.

155. Did you take the medicine as directed?

1. Yes (Go to DRNKANY1)
2. No
7. Don't know/Not sure
9. Refused (Go to DRNKANY1)

WHYNOMED (DMH, MCH,OWH)

WHYNOMED.

156. What was your main reason for not taking the medicine as directed? Was it because you . . .

1. Could not afford to buy it
2. Felt medicine was unnecessary
3. Didn't like the side effects
4. Don't like to take pills
5. Didn't think it worked
6. Some other reason (specify)
77. Don't know/Not sure
99. Refused

ALCOHOL USE**Next I would like to ask you a few questions about alcohol use.**

DRNKANY1 (Core) (All Women)

YESNO.

157. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

1. Yes
2. No (Go to DRUNK)
7. Don't know/Not sure (Go to DRUNK)
9. Refused (Go to DRUNK)

DRKALC (Core)

TYPEII.

158. During the past month, how many days per week or per month did you drink any alcoholic beverage, on the average?

- 1XX Days per week
- 2XX Days per month

888. None (Go to DRUNK)
777. Don't know/Not sure (Go to DRUNK)
999. Refused (Go to DRUNK)

NALCOCC (Core)

TypeIII.

159. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the AVERAGE?

- ____ Enter Number of drinks (One half = .5) (verify if GT 11)
0. None
77. Don't know/Not sure
99. Refused

DRINKGE5 (Core)

TYPEIII.

160. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

- ____ Enter Number of times (verify if GT 15)
77. Don't know/Not sure
99. Refused

DRUNK (ADP) NEW Ask all women

TYPEIII.

161. How often in the past year did you drink enough to feel drunk?

- ____ Enter Number of times (verify if GT 10)
77. Don't know/Not sure
99. Refused

DRUNKNUM (ADP) NEW Ask all women

162. How many drinks does it take you to feel drunk?

- ____ Enter Number of drinks (verify if GT 10)
88. Never been drunk
77. Don't know/Not sure
99. Refused

FAS (ADP) NEW Ask all women

FAS.

163. In your opinion, which ONE of the following best describes Fetal Alcohol Syndrome. Would you say a baby is born:

1. drunk,
 2. addicted to alcohol, or,
 3. with certain birth defects
 4. Doesn't know what F.A.S. is (Do Not Read)
7. Don't know/Not sure
9. Refused

ACCESS TO FAMILY PLANNING SERVICES

Now I'd like to ask you a few questions about sexual behavior. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

SEXBHAGE (OFP) Ask all women

TYPE VIII.

164. How old were you at the time of your first sexual intercourse experience?

____ Enter age in number of years

555. Never had intercourse

(Go to WHOSXEVR)

777. Don't know/Not sure

999. Refused question

HYSTER2=1 OR AGE>50 OR ESTROHR3=1 GO TO WHOSXEVR

FPWHEN2 (OFP) (Ask if HYSTER2 NE 1 and AGE LE 50)

HOWLONGD

165. When did you last have a visit with a health provider to talk about or receive birth control?

(Read only if necessary)

1. Within the last six months
2. More than 6 months to 12 months ago
3. More than 12 months to 2 years ago
4. More than two years ago
5. Never

7. Don't know/Not sure

9. Refused

8. Refused Module

(Go to BCUSE2)

FPDENIE2 (OFP)

YESNORF.

166. In the past year, have you gone without birth control supplies because you did not have enough money to pay for them?

1. Yes
2. No

8. Refused Module

(Go to BCUSE2)

7. Don't know/Not sure

9. Refused

FPDENLO (OFP)

YESNORF.

167. In the past year have you gone without birth control because you did not know where to get services or supplies?

1. Yes
2. No

8. Refused Module

(Go to BCUSE2)

7. Don't know/Not sure

9. Refused

FPDENAP (OFP)

YESNORF.

168. In the past year have you gone without birth control because you could not get an appointment or it was not convenient to go to the appointment?

1. Yes
2. No
8. Refused Module
7. Don't know/Not sure
9. Refused

BIRTH CONTROL USE

BCUSE2 (OFP) (Asked if PREGNANT NE1)

YES/NO.

169. Are you or your male sexual partner using a birth control method to prevent pregnancy? This includes male or female sterilization.

1. Yes
2. No (Go to BCWHYNOT)
3. No male sexual partner (Go to EMERGBC)
7. Don't know/Not sure (Go to BCWNTHOW)
9. Refused Question (Go to BCWNTHOW)
8. Refused Module (Go to BCWNTHOW)

BCTYPE (OFP)

YES/NO.

170. Which birth control method or methods are you using?
(Read only if necessary) (Select all that apply)

- | | |
|--|---------|
| 1. Male sterilization \vasectomy | BCTYP_A |
| 2. Female sterilization | BCTYP_B |
| 3. Norplant/implants | BCTYP_C |
| 4. Depo-Provera /Injectables | BCTYP_D |
| 5. Birth control pills/oral contraceptive | BCTYP_E |
| 6. IUD/coil/loop | BCTYP_F |
| 7. Condoms/rubbers | BCTYP_G |
| 8. Diaphragm | BCTYP_H |
| 9. Female condom/vaginal pouch | BCTYP_I |
| 10. Cervical cap | BCTYP_J |
| 11. Foam/jelly/cream/vaginal contraceptive film (VCF) | BCTYP_K |
| 12. Withdrawal/pulling out | BCTYP_L |
| 13. Natural family planning/Rhythm/Fertility Awareness | BCTYP_M |
| 14. Other (Specify) | BCTYP_N |
| 77. Don't know/Not sure | |
| 99. Refused Question | |
| 88. Refused Module | BCTYP_O |

BCTYPTXT

170.5 OTHER (SPECIFY)

After answering BCTYPE, go to BCPAY

BCWHYNOT (OFP)

BCWHYNOT.

171. What is the MAIN reason that you are not CURRENTLY using birth control?
(Read only if necessary)

- | | |
|---|--|
| 1. Does Not Like Side Effects | 2. Birth Control Is Too Difficult To Use |
| 3. Lovemaking Would Be Interrupted | 4. Birth Control Is Too Messy |
| 5. Concerned About Long Term Health Problem | |
| 6. Partner Objects To Using Birth Control | |
| 7. Does Not Know How Or Where To Get | |
| 8. Cannot Afford Birth Control | 9. Against Religion |
| 10. Pregnancy Would Be O.K. | 11. Postpartum Nursing |
| 12. Didn't Think About It | 13. Not Sexually Active |
| 14. Can't Get Pregnant\Sterilized | 15. Partner Is A Woman |
| 16. Refused Module | 17. Partner Sterile |
| 18. Natural Family Planning | 19. Monogamous |
| 20. Doesn't Like/Want To Use B.C. | 21. Infrequent Sexual Activity |
| 22. Health Reasons | 23. Not Worried About Pregnancy |
| 24. Too Old To Get Pregnant | 25. No Need For Birth Control |
| 26. Other Reason | 51. Pregnant\Recently Pregnant |
| 77. Don't Know/Not Sure | 99. Refused |

BCWHYNOX

171.5 Other (SPECIFY)

If BCTYPE_A or BCTYPE_B =1, (sterilized), or BCWHYNOT = 14 (sterilized) go to EMRGBC;
 Else, go to BCWNTHOW

If PREGNANT EQ1, or BCTYP_L=1.OR.BCTYP_M =1go to BCWNTHOW;
 else continue

BCPAY (OFP) NEW

YESNO.

172. How do you pay for the primary method of birth control that you use? (Select all that apply.)

- | | |
|--|---------|
| 1. Private Health Insurance | BCPAY_A |
| 2. Medi-Cal | BCPAY_B |
| 3. Family PACT/state program/SOFP/BIC/HAP | BCPAY_C |
| 4. College-based health insurance | BCPAY_D |
| 5. Got method free from a clinic outside of a school
(e.g. county or community) | BCPAY_E |
| 6. Got method free from school or school clinic | BCPAY_F |
| 7. You paid copay | BCPAY_G |
| 8. Partner paid copay | BCPAY_H |
| 9. You paid entire cost | BCPAY_I |
| 10. Partner paid entire cost | BCPAY_J |
| 11. Share cost with partner | BCPAY_K |
| 12. Family member pays cost | BCPAY_L |
| 13. Other (specify) | BCPAY_M |
| 14. Don't use birth control | BCPAY_N |
| 77. Don't know/Not sure | |
| 99. Refused | |

If any "Yes" responses to Q 6-13, and BCUSE2=2, continue;
 Else, go to EMRGBC

BCWNTHOW (OFP) NEW

PORTION.

173. If you wanted to use birth control how would you pay for it? Would you say your private health insurance would pay. . .

1. the entire cost
2. some of the cost
3. or, none of the cost
7. Don't know/Not sure
9. Refused

EMRGBC (OFP) NEW

YESNO.

174. To the best of your knowledge, if a woman has unprotected sex is there anything she can do in the three days following intercourse that will prevent pregnancy?

1. Yes
2. No (Go to WHOSXEVR)
7. Don't know/Not sure (Go to WHOSXEVR)
9. Refused (Go to WHOSXEVR)

EMERGWHT (OFP) NEW

EMERGWHT.

175. What can she do? (Do not read responses)

- | | |
|--------------------------------|---|
| 1. Use emergency contraception | 2. Take the "morning after" pill |
| 3. Have an IUD inserted | 4. Take high dose/extra/several birth control pills |
| 5. Take birth control pills | 6. Take RU486 |
| 7. Have an abortion | 8. Douche |
| 9. Pray | 10. Knows RU486 is illegal in US |
| 11. Seek medical help | 12. Injection |
| 13. Herbal remedies | 14. Other |
| 77. Don't know/Not sure | 99. Refused |

The next question asks about with whom you have had any kind of sexual activity over your adult lifetime.

WHOSXEVR (CORE) NEW (Asked of all women)

WHOSEXB.

176. Which response best describes whom you have had sex with over your adult lifetime? Would you say ... (Adult = 18 or older)

1. Sex with a woman (or with women)
2. Sex with a man (or with men)
3. Sex with both men and women
4. Never had sex (Go to CHLYDTST)
7. Don't know/Not sure
9. Refused

WHOSX12M (CORE) NEW (Asked of all women)

WHOSEXB.

177. Which response best describes whom you have had sex with in the past 12 months? Would you say...

- | | |
|-------------------------------------|------------------|
| 1. Sex with a woman (or with women) | (Go to CHLYDTST) |
| 2. Sex with a man (or with men) | |
| 3. Sex with both men and women | |
| 4. Did not have sex | (Go to CHLYDTST) |
| 7. Don't know/Not sure | |
| 9. Refused | |

If SEXBHAGE EQ 555 or WHOSXEVR =4 or WHOSX12M =1 OR 4, or AGE GE 50, go to CHLYDTST; Else, continue.

SEXUALLY TRANSMITTED DISEASES

Now I'd like to ask you some questions about your current sexual behavior. If you are uncomfortable talking about this, please tell me and we will move on.

OTHRPAR2 (STD) (Ask if AGE<50)

YESNORF.

178. This question is about a new male sexual partner. A new sexual partner is someone you had sex with for the first time. During the past 12 months, did you have a new male sexual partner?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to CHLYDTST) |
| 7. Don't know/Not sure | (Go to CHLYDTST) |
| 9. Refused Question | (Go to CHLYDTST) |
| 8. Refused Module | (Go to CHLYDTST) |

FRSTCOND (STD) (Ask if AGE<50)

YESNORF.

179. Did you use a condom when you had sex with that person the first time?

- | | |
|------------------------|--|
| 1. Yes | |
| 2. No | |
| 7. Don't know/Not sure | |
| 9. Refused Question | |
| 8. Refused Module | |

I would now like to ask you some questions about sexually transmitted diseases or STDs.

CHLYDTST (STD) (Ask if AGE<50)

YESNOUN.

180. Have you been tested for chlamydia during the past 12 months?

- | | |
|---------------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to ASKFRTST) |
| 3. Don't know what chlamydia is | (Go to STDHRPTR) |
| 7. Don't know/Not sure | (Go to ASKFRTST) |
| 9. Refused Question | (Go to ASKFRTST) |
| 8. Refused Module | (Go to STDHRPTR) |

CHLYDWHR (STD) NEW (Ask if AGE<50)

WHERE.

181. Where did you get tested?

- | | |
|-------------------------------------|------------------------|
| 1. Public STD Clinic | 2. Other Public Clinic |
| 3. Family Planning clinic | 4. Community clinic |
| 5. Private doctor | 6. Emergency Room |
| 7. Student Health Center | 8. Military facility |
| 9. Jail or other detention facility | 10. HMO |
| 11. Other (specify) | |
| 77. Don't Know/Not sure | 99. Refused Question |

CHLYDTXT

STDWHETX.

181.5 OTHER (SPECIFY)

ASKFRTST (STD) (Ask if AGE<50)

SCALED.

182. During the next year, how likely is it that YOU will ask your doctor to test you for chlamydia?

1. Very Likely
2. Somewhat likely
3. Somewhat unlikely
4. Very unlikely
5. Don't know what chlamydia is (DO NOT READ)
7. Don't know/Not sure
9. Refused Question
8. Refused Module

STDHRPTR (STD) NEW Ask all women

TRUEFALS.

183. Please tell me if you think the following statements are true or false: Most genital herpes is spread from a sexual partner when he or she is having a herpes outbreak (such as a sore or blister).

1. True
2. False
7. Don't Know/Not sure
9. Refused

STDHRPNO (STD) NEW Ask all women

TRUEFALS.

184. Most people with genital herpes know they have it.

1. True
2. False
7. Don't Know/Not sure
9. Refused

STDHRPTD (STD) NEW Ask all women

YESNO.

185. Have you ever been told by your health care provider that you have genital herpes?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

DOMESTIC VIOLENCE

The next questions are about relationships. I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

No matter how well two people may get along, there are times when they disagree, get annoyed with the other person, or just have spats or fights because they're in a bad mood or tired or for some other reason. They also may use many different ways of trying to settle their differences.

DVCANTLK (DV)

YESNORF.

187. I have some questions of a very private nature dealing with personal relationship issues and how couples may resolve problems and conflicts, including violence between partners. By couple I mean current or former husband, partner, boy friend or girlfriend. I want to ask you these questions only if you have privacy and no one will overhear. None of your answers will be reported to the police or any other authorities. Is this a good time to ask you these questions?

- | | |
|--|------------------|
| 1. Yes - continue | |
| 2. No - Probe for date/time to call back | (Go to DVCNTROL) |
| 8. Refused Module | (Go to DVCNTROL) |
| 7. Don't know/Not sure | (Go to DVCNTROL) |
| 9. Refused | (Go to DVCNTROL) |

DVINSLT (DV)

YESNODVA.

188. Thinking back over the last 12 months was there ever an occasion when a partner insulted or swore at you?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DVTHRTN) |
| 3. Never been Abused | (Go to DVCNTROL) |
| 4. No Partner | (Go to DVCNTROL) |
| 8. Refused Module | (Go to DVCNTROL) |
| 7. Don't know/Not sure | |
| 9. Refused | |

DVINSLT2 (DV) (Asked if anyone said yes)

WHO.

188.1 The last time this happened, who did this to you?

- | | |
|-----------------------------------|----------------------|
| 1. Husband | 2. Former husband |
| 3. Partner | 4. Former partner |
| 5. Boyfriend | 6. Girlfriend |
| 7. Former Boyfriend | 8. Former Girlfriend |
| 9. Roommate or Housemate | 10. Child's Father |
| 11. Friend (Gender Not Indicated) | |
| 77. Don't know/Not sure | |
| 99. Refused | |
| 88. Refused module | (Go to DVCNTROL) |

DVMED1 (DV)

YESNORF.

188.2 Did you seek medical care?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DVTHRTN) |
| 7. Don't know/Not sure | (Go to DVTHRTN) |
| 9. Refused | (Go to DVTHRTN) |
| 8. Refused module | (Go to DVCNTROL) |

DVWHR1 (DV)

WHEREHLP.

188.3 Where did you get help?

- | | |
|--|------------------|
| 1. Overnight hospital stay | |
| 2. Visit to the emergency room | |
| 3. Visit to doctor's office, clinic, or walk-in center | |
| 4. Dentist | |
| 5. Mental health care | |
| 6. Other (specify) | |
| 7. Women's shelter | |
| 77. Don't know/Not sure | |
| 99. Refused | |
| 88. Refused module | (Go to DVCNTROL) |

DVTHRTN (DV)

YESNODVA.

189. Thinking back over the last 12 months was there ever an occasion when a partner threatened to hit or throw something at you?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DVTHRTHG) |
| 3. Never been Abused | (Go to DVCNTROL) |
| 4. No Partner | (Go to DVCNTROL) |
| 8. Refused Module | (Go to DVCNTROL) |
| 7. Don't know/Not sure | |
| 9. Refused | |

DVTHRTN2 (DV) (Asked if anyone said yes)

WHO.

189.1 The last time this happened, who did this to you?

- | | |
|-----------------------------------|----------------------|
| 1. Husband | 2. Former husband |
| 3. Partner | 4. Former partner |
| 5. Boyfriend | 6. Girlfriend |
| 7. Former Boyfriend | 8. Former Girlfriend |
| 9. Roommate or Housemate | 10. Child's Father |
| 11. Friend (Gender Not Indicated) | |
| 77. Don't know/Not sure | |
| 99. Refused | |
| 88. Refused module | (Go to DVCNTROL) |

DV MED2 (DV)

YESNORF.

189.2 Did you seek medical care?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DVTHRTHG) |
| 7. Don't know/Not sure | (Go to DVTHRTHG) |
| 9. Refused | (Go to DVTHRTHG) |
| 8. Refused module | (Go to DVCNTROL) |

DVWHR2 (DV)

WHEREHLP.

189.3 Where did you get help?

- | |
|--|
| 1. Overnight hospital stay |
| 2. Visit to the emergency room |
| 3. Visit to doctor's office, clinic, or walk-in center |
| 4. Dentist |
| 5. Mental health care |
| 6. Other (specify) |
| 7. Women's shelter |
| 77. Don't know/Not sure |
| 99. Refused |
| 88. Refused module |

(Go to DVCNTROL)

DVTHRTHG (DV)

YESNODVA.

190. Thinking back over the last 12 months was there ever an occasion when a partner threw or smashed or hit or kicked something?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DVTHRYOU) |
| 3. Never been Abused | (Go to DVCNTROL) |
| 4. No Partner | (Go to DVCNTROL) |
| 8. Refused Module | (Go to DVCNTROL) |
| 7. Don't know/Not sure | |
| 9. Refused | |

DVTHRTN2 (DV) (Asked if anyone said yes)

WHO.

190.1 The last time this happened, who did this to you?

- | | |
|-----------------------------------|----------------------|
| 1. Husband | 2. Former husband |
| 3. Partner | 4. Former partner |
| 5. Boyfriend | 6. Girlfriend |
| 7. Former Boyfriend | 8. Former Girlfriend |
| 9. Roommate or Housemate | 10. Child's Father |
| 11. Friend (Gender Not Indicated) | |
| 77. Don't know/Not sure | |
| 99. Refused | |
| 88. Refused module | (Go to DVCNTROL) |

DVMED3 (DV)

YESNORF.

190.2 Did you seek medical care?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DVTHRYOU) |
| 7. Don't know/Not sure | (Go to DVTHRTHG) |
| 9. Refused | (Go to DVTHRTHG) |
| 8. Refused module | (Go to DVCNTROL) |

DVWHR3 (DV)

WHEREHLP.

190.3 Where did you get help?

- | | |
|--|------------------|
| 1. Overnight hospital stay | |
| 2. Visit to the emergency room | |
| 3. Visit to doctor's office, clinic, or walk-in center | |
| 4. Dentist | |
| 5. Mental health care | |
| 6. Other (specify) | |
| 7. Women's shelter | |
| 77. Don't know/Not sure | |
| 99. Refused | |
| 88. Refused module | (Go to DVCNTROL) |

DVTHRYOU (DV)

YESNODVA.

191. Thinking back over the last 12 months was there ever an occasion when a partner threw something at you?

- | | |
|--------|------------------|
| 1. Yes | |
| 2. No | (Go to DVPUSHED) |

- | | | |
|----|---------------------|------------------|
| 3. | Never been Abused | (Go to DVCNTROL) |
| 4. | No Partner | (Go to DVCNTROL) |
| 8. | Refused Module | (Go to DVCNTROL) |
| 7. | Don't know/Not sure | |
| 9. | Refused | |

DVTHRYO2 (DV) (Asked if anyone said yes)

WHO.

191.1 The last time this happened, who did this to you?

- | | | | |
|-----|-------------------------------|-----|-------------------|
| 1. | Husband | 2. | Former husband |
| 3. | Partner | 4. | Former partner |
| 5. | Boyfriend | 6. | Girlfriend |
| 7. | Former Boyfriend | 8. | Former Girlfriend |
| 9. | Roommate or Housemate | 10. | Child's Father |
| 11. | Friend (Gender Not Indicated) | | |
| 77. | Don't know/Not sure | | |
| 99. | Refused | | |
| 88. | Refused module | | (Go to DVCNTROL) |

DVMED4 (DV)

YESNORF.

191.2 Did you seek medical care?

- | | | |
|----|---------------------|------------------|
| 1. | Yes | |
| 2. | No | (Go to DVPUSHED) |
| 7. | Don't know/Not sure | (Go to DVPUSHED) |
| 9. | Refused | (Go to DVPUSHED) |
| 8. | Refused module | (Go to DVCNTROL) |

DVWHR4 (DV)

WHEREHLP.

191.3 Where did you get help?

- | | | |
|-----|---|------------------|
| 1. | Overnight hospital stay | |
| 2. | Visit to the emergency room | |
| 3. | Visit to doctor's office, clinic, or walk-in center | |
| 4. | Dentist | |
| 5. | Mental health care | |
| 6. | Other (specify) | |
| 7. | Women's shelter | |
| 77. | Don't know/Not sure | |
| 99. | Refused | |
| 88. | Refused module | (Go to DVCNTROL) |

DVPUSHED (DV)

YESNODVA.

192. Thinking back over the last 12 months was there ever an occasion when a partner pushed, grabbed, or shoved you?

- | | | |
|----|-------------------|------------------|
| 1. | Yes | |
| 2. | No | (Go to DVSLAP) |
| 3. | Never been Abused | (Go to DVCNTROL) |
| 4. | No Partner | (Go to DVCNTROL) |

- | | | |
|----|---------------------|------------------|
| 8. | Refused Module | (Go to DVCNTROL) |
| 7. | Don't know/Not sure | |
| 9. | Refused | |

DVPUSHE2 (DV) (Asked if anyone said yes)

WHO.

192.1 The last time this happened, who did this to you?

- | | | | |
|-----|-------------------------------|-----|-------------------|
| 1. | Husband | 2. | Former husband |
| 3. | Partner | 4. | Former partner |
| 5. | Boyfriend | 6. | Girlfriend |
| 7. | Former Boyfriend | 8. | Former Girlfriend |
| 9. | Roommate or Housemate | 10. | Child's Father |
| 11. | Friend (Gender Not Indicated) | | |

77. Don't know/Not sure

99. Refused

88. Refused module

(Go to DVCNTROL)

DVME5 (DV)

YESNORF.

192.2 Did you seek medical care?

- | | | |
|----|---------------------|------------------|
| 1. | Yes | |
| 2. | No | (Go to DVSLAP) |
| 7. | Don't know/Not sure | (Go to DVSLAP) |
| 9. | Refused | (Go to DVSLAP) |
| 8. | Refused module | (Go to DVCNTROL) |

DVWHR5 (DV)

WHEREHLP.

192.3 Where did you get help?

1. Overnight hospital stay
2. Visit to the emergency room
3. Visit to doctor's office, clinic, or walk-in center
4. Dentist
5. Mental health care
6. Other (specify)
7. Women's shelter

77. Don't know/Not sure

99. Refused

88. Refused module

(Go to DVCNTROL)

DVSLAP (DV)

YESNODVA.

193. Thinking back over the last 12 months was there ever an occasion when a partner slapped you?

- | | | |
|----|-------------------|------------------|
| 1. | Yes | |
| 2. | No | (Go to DVHITYOU) |
| 3. | Never been Abused | (Go to DVCNTROL) |
| 4. | No Partner | (Go to DVCNTROL) |
| 8. | Refused Module | (Go to DVCNTROL) |

- 7. Don't know/Not sure
- 9. Refused

DVSLAP2 (DV) (Asked if anyone said yes)

WHO.

193.1 The last time this happened, who did this to you?

- | | |
|-----------------------------------|----------------------|
| 1. Husband | 2. Former husband |
| 3. Partner | 4. Former partner |
| 5. Boyfriend | 6. Girlfriend |
| 7. Former Boyfriend | 8. Former Girlfriend |
| 9. Roommate or Housemate | 10. Child's Father |
| 11. Friend (Gender Not Indicated) | |

- 77. Don't know/Not sure
- 99. Refused
- 88. Refused module

(Go to DVCNTROL)

DVMED6 (DV)

YESNORF.

193.2 Did you seek medical care?

- 1. Yes
- 2. No

(Go to DVHITYOU)

- 7. Don't know/Not sure
- 9. Refused
- 8. Refused module

(Go to DVHITYOU)

(Go to DVHITYOU)

(Go to DVCNTROL)

DVWHR6 (DV)

WHEREHLP.

193.3 Where did you get help?

- 1. Overnight hospital stay
- 2. Visit to the emergency room
- 3. Visit to doctor's office, clinic, or walk-in center
- 4. Dentist
- 5. Mental health care
- 6. Other (specify)
- 7. Women's shelter

- 77. Don't know/Not sure
- 99. Refused
- 88. Refused module

Go to DVCNTROL)

DVHITYOU (DV)

YESNODVA.

194. Thinking back over the last 12 months was there ever an occasion when a partner kicked, bit, or hit you with a fist?

- 1. Yes
- 2. No
- 3. Never been Abused
- 4. No Partner
- 8. Refused Module
- 7. Don't know/Not sure
- 9. Refused

(Go to DVHITTHG)

(Go to DVCNTROL)

(Go to DVCNTROL)

(Go to DVCNTROL)

DVHITYO2 (DV) (Asked if anyone said yes)

WHO.

194.1 The last time this happened, who did this to you?

- | | |
|-----------------------------------|----------------------|
| 1. Husband | 2. Former husband |
| 3. Partner | 4. Former partner |
| 5. Boyfriend | 6. Girlfriend |
| 7. Former Boyfriend | 8. Former Girlfriend |
| 9. Roommate or Housemate | 10. Child's Father |
| 11. Friend (Gender Not Indicated) | |
| 77. Don't know/Not sure | |
| 99. Refused | |
| 88. Refused module | (Go to DVCNTROL) |

DVMED7 (DV)

YESNORF.

194.2 Did you seek medical care?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DVHITTHG) |
| 7. Don't know/Not sure | (Go to DVHITTHG) |
| 9. Refused | (Go to DVHITTHG) |
| 8. Refused module | (Go to DVCNTROL) |

DVWHR7 (DV)

WHEREHLP.

194.3 Where did you get help?

- | | |
|--|------------------|
| 1. Overnight hospital stay | |
| 2. Visit to the emergency room | |
| 3. Visit to doctor's office, clinic, or walk-in center | |
| 4. Dentist | |
| 5. Mental health care | |
| 6. Other (specify) | |
| 7. Women's shelter | |
| 77. Don't know/Not sure | |
| 99. Refused | |
| 88. Refused module | (Go to DVCNTROL) |

DVHITTHG (DV)

YESNODVA.

195. Thinking back over the last 12 months was there ever an occasion when a partner hit or tried to hit you with something?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DVBEATUP) |
| 3. Never been Abused | (Go to DVCNTROL) |
| 4. No Partner | (Go to DVCNTROL) |
| 8. Refused Module | (Go to DVCNTROL) |
| 7. Don't know/Not sure | |
| 9. Refused | |

DVHITTH2 (DV) (Asked if anyone said yes)

WHO.

195.1 The last time this happened, who did this to you?

- | | |
|-----------------------------------|----------------------|
| 1. Husband | 2. Former husband |
| 3. Partner | 4. Former partner |
| 5. Boyfriend | 6. Girlfriend |
| 7. Former Boyfriend | 8. Former Girlfriend |
| 9. Roommate or Housemate | 10. Child's Father |
| 11. Friend (Gender Not Indicated) | |
| 77. Don't know/Not sure | |
| 99. Refused | |
| 88. Refused module | (Go to DVCNTROL) |

DVMED8 (DV)

YESNORF.

195.2 Did you seek medical care?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DVBEATUP) |
| 7. Don't know/Not sure | (Go to DVBEATUP) |
| 9. Refused | (Go to DVBEATUP) |
| 8. Refused module | (Go to DVCNTROL) |

DVWHR8 (DV)

WHEREHLP.

195.3 Where did you get help?

- | | |
|--|------------------|
| 1. Overnight hospital stay | |
| 2. Visit to the emergency room | |
| 3. Visit to doctor's office, clinic, or walk-in center | |
| 4. Dentist | |
| 5. Mental health care | |
| 6. Other (specify) | |
| 7. Women's shelter | |
| 77. Don't know/Not sure | |
| 99. Refused | |
| 88. Refused module | (Go to DVCNTROL) |

DVBEATUP (DV)

YESNODVA.

196. Thinking back over the last 12 months was there ever an occasion when a partner beat you up?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DVCHOK) |
| 3. Never been Abused | (Go to DVCNTROL) |
| 4. No Partner | (Go to DVCNTROL) |
| 8. Refused Module | (Go to DVCNTROL) |
| 7. Don't know/Not sure | |
| 9. Refused | |

DVBEATU2 (DV) (Asked if anyone said yes)

WHO.

196.1 The last time this happened, who did this to you?

- | | |
|-----------------------------------|----------------------|
| 1. Husband | 2. Former husband |
| 3. Partner | 4. Former partner |
| 5. Boyfriend | 6. Girlfriend |
| 7. Former Boyfriend | 8. Former Girlfriend |
| 9. Roommate or Housemate | 10. Child's Father |
| 11. Friend (Gender Not Indicated) | |
| 77. Don't know/Not sure | |
| 99. Refused | |
| 88. Refused module | (Go to DVCNTROL) |

DVMED9 (DV)

YESNORF.

196.2 Did you seek medical care?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DVCHOK) |
| 7. Don't know/Not sure | (Go to DVCHOK) |
| 9. Refused | (Go to DVCHOK) |
| 8. Refused module | (Go to DVCNTROL) |

DVWHR9 (DV)

WHEREHLP.

196.3 Where did you get help?

- | | |
|--|------------------|
| 1. Overnight hospital stay | |
| 2. Visit to the emergency room | |
| 3. Visit to doctor's office, clinic, or walk-in center | |
| 4. Dentist | |
| 5. Mental health care | |
| 6. Other (specify) | |
| 7. Women's shelter | |
| 77. Don't know/Not sure | |
| 99. Refused | |
| 88. Refused module | (Go to DVCNTROL) |

DVCHOK (DV)

YESNODVA.

197. Thinking back over the last 12 months was there ever an occasion when a partner choked you?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DVTHRWP) |
| 3. Never been Abused | (Go to DVCNTROL) |
| 4. No Partner | (Go to DVCNTROL) |
| 8. Refused Module | (Go to DVCNTROL) |
| 7. Don't know/Not sure | |
| 9. Refused | |

DVCHOK2 (DV) (Asked if anyone said yes)

WHO.

197.1 The last time this happened, who did this to you?

- | | |
|------------|-------------------|
| 1. Husband | 2. Former husband |
| 3. Partner | 4. Former partner |

- | | |
|-----------------------------------|----------------------|
| 5. Boyfriend | 6. Girlfriend |
| 7. Former Boyfriend | 8. Former Girlfriend |
| 9. Roommate or Housemate | 10. Child's Father |
| 11. Friend (Gender Not Indicated) | |
| 77. Don't know/Not sure | |
| 99. Refused | |
| 88. Refused module | (Go to DVCNTROL) |

DVMED10 (DV)

YESNORF.

197.2 Did you seek medical care?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DVTHRWP) |
| 7. Don't know/Not sure | (Go to DVTHRWP) |
| 9. Refused | (Go to DVTHRWP) |
| 8. Refused module | (Go to DVCNTROL) |

DVWHR10 (DV)

WHEREHLP.

197.3 Where did you get help?

- | | |
|--|------------------|
| 1. Overnight hospital stay | |
| 2. Visit to the emergency room | |
| 3. Visit to doctor's office, clinic, or walk-in center | |
| 4. Dentist | |
| 5. Mental health care | |
| 6. Other (specify) | |
| 7. Women's shelter | |
| 77. Don't know/Not sure | |
| 99. Refused | |
| 88. Refused module | (Go to DVCNTROL) |

DVTHRWP (DV)

YESNODVA.

198. Thinking back over the last 12 months was there ever an occasion when a partner threatened you with a knife or gun?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DVUSEWP) |
| 3. Never been Abused | (Go to DVCNTROL) |
| 4. No Partner | (Go to DVCNTROL) |
| 8. Refused Module | (Go to DVCNTROL) |
| 7. Don't know/Not sure | |
| 9. Refused | |

DVTHRWP2 (DV) (Asked if anyone said yes)

WHO.

198.1 The last time this happened, who did this to you?

- | | |
|--------------|-------------------|
| 1. Husband | 2. Former husband |
| 3. Partner | 4. Former partner |
| 5. Boyfriend | 6. Girlfriend |

- | | |
|-----------------------------------|----------------------|
| 7. Former Boyfriend | 8. Former Girlfriend |
| 9. Roommate or Housemate | 10. Child's Father |
| 11. Friend (Gender Not Indicated) | |
| 77. Don't know/Not sure | |
| 99. Refused | |
| 88. Refused module | (Go to DVCNTROL) |

DVMED11 (DV)

YESNORF.

198.2 Did you seek medical care?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DVUSEWPN) |
| 7. Don't know/Not sure | (Go to DVUSEWPN) |
| 9. Refused | (Go to DVUSEWPN) |
| 8. Refused module | (Go to DVCNTROL) |

DVWHR11 (DV)

WHEREHLP.

198.3 Where did you get help?

- | | |
|--|------------------|
| 1. Overnight hospital stay | |
| 2. Visit to the emergency room | |
| 3. Visit to doctor's office, clinic, or walk-in center | |
| 4. Dentist | |
| 5. Mental health care | |
| 6. Other (specify) | |
| 7. Women's shelter | |
| 77. Don't know/Not sure | |
| 99. Refused | |
| 88. Refused module | (Go to DVCNTROL) |

DVUSEWPN (DV)

YESNODVA.

199. Thinking back over the last 12 months was there ever an occasion when a partner used a knife or fired a gun?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DVCNTROL) |
| 3. Never been Abused | (Go to DVCNTROL) |
| 4. No Partner | (Go to DVCNTROL) |
| 8. Refused Module | (Go to DVCNTROL) |
| 7. Don't know/Not sure | |
| 9. Refused | |

DVWPNONU (DV) NEW

YESNODVA.

200. Did your partner use the knife ON YOU or fire the gun AT YOU?

- | | |
|----------------------|------------------|
| 1. Yes | |
| 2. No | (Go to DVCNTROL) |
| 3. Never been Abused | (Go to DVCNTROL) |
| 4. No Partner | (Go to DVCNTROL) |
| 8. Refused Module | (Go to DVCNTROL) |

- 7. Don't know/Not sure
- 9. Refused

DVWPNON2 (DV) (Asked if anyone said yes)

WHO.

200.1 The last time this happened, who did this to you?

- | | |
|-----------------------------------|----------------------|
| 1. Husband | 2. Former husband |
| 3. Partner | 4. Former partner |
| 5. Boyfriend | 6. Girlfriend |
| 7. Former Boyfriend | 8. Former Girlfriend |
| 9. Roommate or Housemate | 10. Child's Father |
| 11. Friend (Gender Not Indicated) | |

- 77. Don't know/Not sure
- 99. Refused
- 88. Refused module

(Go to DVCNTROL)

DVMED13 (DV)

YESNORF.

200.2 Did you seek medical care?

- 1. Yes
- 2. No

(Go to DVCNTROL)

- 7. Don't know/Not sure
- 9. Refused
- 8. Refused module

(Go to DVCNTROL)

(Go to DVCNTROL)

(Go to DVCNTROL)

DVWHR13 (DV)

WHEREHLP.

200.3 Where did you get help?

- 1. Overnight hospital stay
- 2. Visit to the emergency room
- 3. Visit to doctor's office, clinic, or walk-in center
- 4. Dentist
- 5. Mental health care
- 6. Other (specify)
- 7. Women's shelter

- 77. Don't know/Not sure
- 99. Refused
- 88. Refused module

(Go to DVCNTROL)

DVCNTROL (DV) NEW (Asked of ALL Respondents)

YESNODVA.

204. At any time during the past 12 months, has a partner or former partner tried to control most or all of your daily activities? For example, controlling who you can talk to or where you can go.

- 1. Yes
- 2. No
- 3. No Partner

- 7. Don't know/Not sure
- 9. Refused

DVFEAR (DV) NEW (Asked of ALL Respondents)

YESNODVA.

205. In the past 12 months, have you been frightened for the safety of yourself, your family or friends because of the anger or threats of a partner or former partner?

- 1. Yes
- 2. No
- 3. No Partner
- 7. Don't know/Not sure
- 9. Refused

DVSHLTER (DV) NEW (Asked of ALL Respondents)

YESNO.

206. Are you aware of any domestic violence programs in your community, including battered women shelters? (Battered women shelters are places where women can find help for themselves and their children when they feel that they are not safe with their partners.)

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

MEDI_FUP NEW (ask if age>=65 and did not say "yes" to MEDICARE) YESNO.

207. Could you please tell me if you have ever had a Medicare card?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

CLOSING: That's my last question. Everyone's answers are confidential and will be combined to give us information about the health practices of women in this state. Thank you very much for your time and cooperation.

SPANINT

SPANINT

(TO INTERVIEWER:) In what language was this survey completed?

1. Spanish
2. English